Public Health Guidance

Physical activity: brief advice in primary care draft guidance
Stakeholder Comments Table

21st November 2012 – 23rd January 2013

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AGILE: Chartered Physiotherapists working with Older People	General		Physiotherapists are a profession that are frequently first line health care professionals, as well as being the profession most closely linked with activity and exercise. As such it is surprising that physiotherapy is not mentioned at all in these guidelines. Physiotherapists are ideally positioned to give brief physical activity advice as part of their interventions in a variety of settings from telephone triage through to face to face consultations with a wide range of the population. Physiotherapists are experts in appropriate exercise prescription especially in people with long term or age related health conditions, together with having high level motivational skills	Thank you for your comment and we welcome AGILE's contribution. The final guidance includes physiotherapists as an example of those working in primary care whose remit includes offering lifestyle advice.
AGILE: Chartered Physiotherapists working with Older People	Introduction	2	As one of the primary professions engaged in physical activity advice it is important to include physiotherapists in 'Who is the guidance for'	Please see our response above.
AGILE: Chartered Physiotherapists working with Older People	Recommend ation 1	8	Physiotherapists should be included in who should take action as well as professionals whose core training includes health and fitness assessments e.g. exercise professionals. And to the response bullets in 'What action': - as part of a consultation with a pharmacist or physical health specialist professional such as a physiotherapist.	Please see our response above.
AGILE: Chartered Physiotherapists working with Older People	Recommend ation 1	9	Could other validated tools be recommended, such as the Phone-FITT for use with older adults.	Thank you for your comment. GPPAQ is given as an example of a validated tool.
AGILE: Chartered	Recommend		Physiotherapists should be included in who should take action	Thank you for your comment. Please see our

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Physiotherapists working with Older People	ation 2			response above.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 2	10	Include in this section the need to emphasise to older people the additional recommendations within the UK PA / CMO guidelines for strength and balance	Thank you for your comment. The final guidance includes more detail about the CMO's recommendations. This includes reference to older people.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 3	10	Physiotherapists should be included in who should take action	Please see our previous response.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 3	10	In the 'What action should they take?', add a bullet suggesting that they might advise referral onwards to a specialist to tailor a programme of graded activity specific to the person's health needs and physical ability	Thank you for your comment. 'Exercise Referral' is beyond the remit of this guidance. This guidance focuses on brief physical activity advice only.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 3	11	Need to include tailoring advice / suggestions that is also inclusive of older people with very low levels of physical activity or who are physically frail. The illustrations given would not be suitable for this population and may imply that the frail are out with the scope of this guideline	Thank you for your comment. This guidance is for all adults aged 19 years and over. The examples provided are not meant to be an exhaustive list. The final guidance includes more detail about the CMO's recommendations, including for older people.
AGILE: Chartered Physiotherapists working with Older	Recommendation 3	11	The recommendation for brisk walking needs to have a caution regarding the evidence against advising brisk walking in older adults at high risk of falls.	Thank you for your comment. The final guidance makes clear that advice should be tailored to the person's current level of activity

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People				and ability, circumstances, preferences and barriers to being physically active, and health status (for example whether they have a medical condition or a disability).
AGILE: Chartered Physiotherapists working with Older People	Recommendation 4	11	Physiotherapists should be included in who should take action	Please see our previous response.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 5	12	More emphasis needed for older adults in this section, especially the role that physical activity can play in falls pathways and frailty	Thank you for your comment. The final guidance includes more detail about Chief Medical Officers' recommendations on physical activity including specific elements relating 'older people'. In addition, the guidance highlights services for those over the age of 65 as an opportunity for commissioners to incorporate brief advice on physical activity.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 5	13	Additionally it would be useful to recommend that a locally held regularly updated database of physical activity opportunities and providers be held and accessible to those providing brief advice	Thank you for your comment. The final guidance recommends that commissioners ensure information about local opportunities to be active (including non-sporting activities) is available and up to date.
AGILE: Chartered Physiotherapists working with Older People	Recommendation 6	14	Add the requirement to be aware of the additional requirements in the PA guidelines for older adults.	Thank you for your comment. The final guidance includes more detail about the Chief Medical Officers' recommendations on physical activity including those for people over 65.

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AGILE: Chartered Physiotherapists working with Older People	Section 3.4	18	Suggest that PHIAC need to acknowledge that people with long-term conditions would usually benefit from physical activity, and that practitioners need TO HAVE SUFFICIENT KNOWLEDGE ABOUT HOW to tailor physical activity advice to clinical severity and other needs of the patient. It is vital that it must be the right type of physical activity and the right level for the individual. Practitioners must be aware of indications for referral onto professionals with expertise.	Thank you for your comment. The final guidance makes clear that advice should be tailored to the person's current level of activity and ability, circumstances, preferences and barriers to being physically active, and health status (for example whether they have a medical condition or a disability).
AGILE: Chartered Physiotherapists working with Older People	Section 3.7	19	Opportunities for older adults to participate in physical activity can be very limited in areas of high deprivation	Thank you for your comment. PHIAC acknowledged this as a factor.
AGILE: Chartered Physiotherapists working with Older People	Section 7	24	NICE falls guidelines also applicable as include advice regarding strength and balance exercise	Thanks for your comment. The guidance has been amended to reflect your comment.
Blackpool PCT	general	9	Do you consider care staff including private and public sector, as part of the wider primary care workforce and therefore able to undertake ID and BA? The examples you have provided are inclined to be medical.	Thank you for your comment and we welcome Blackpool PCT's contribution. The guidance is aimed at primary care practitioners and those working in primary care whose remit include offering lifestyle advice. This could include care staff who have the appropriate experience and training to deliver brief advice.
Blackpool PCT	general	12	If wider workforce is included, feedback to Primary Care GP practice could be achieved through communication systems to include the read codes where relevant	Thank you for your comment.

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British Heart Foundation	General		The British Heart Foundation (BHF) is the nation's leading heart charity. There are over 2.7 million people in the UK living with coronary heart disease and we are working to ensure that they can access the best quality support and care. We welcome the opportunity to comment on the NICE Physical Activity in primary care brief guidance in order to help prevent and/or to manage heart disease. We are pleased to note the specific references and links to cardiovascular disease, coronary heart disease and health inequalities throughout the guidance	Thank you and we welcome the BHF's contribution.
British Heart Foundation	General Recommend ation 1	7/8	We welcome the suggestion that primary care practitioners should assess physical activity levels of all adults they come into contact with. We would welcome suggestions about other tools that primary care professionals could use to assess adults physical activity levels as many GP's report that the GPPAQ is not very user-friendly and it is not widely used.	Thank you for your comment. The guidance refers to GPPAQ as an example of a validated tool. Other validated tools could be used.
British Heart Foundation	General Recommend ation 1	8	We welcome the suggestions about the range of opportunities when physical activity can be assessed.	Thank you
British Heart Foundation	General Recommend ation 1	9	We welcome the recommendation that if it is not appropriate to assess physical activity in the current consultation that primary care practitioners should assess physical activity at the next available opportunity.	Thank you
British Heart Foundation	General Recommend ation 1	9	We support the recommendation that at the minimum the person should leave the initial session aware of the health benefits of physical activity. We would also add to this recommendation that the person is also made aware of the age-appropriate physical activity guidelines.	Thank you.
British Heart Foundation	General	10	We support the emphasis on physical activity as an independent risk	Thank you

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	Recommendation 1		factor for cardiovascular disease, type 2 diabetes, stroke and other long term conditions	
British Heart Foundation	1 Draft recommendations	10	While welcoming the reference to everyday activities such as walking and cycling, this could be more if the recommendation encourages people to integrate physical activity into everyday life, such as walking or cycling to work or the shops, getting off the bus one stop earlier. Using the stairs instead of the lift, cleaning the car by hand instead of using the car wash, etc.	Thank you for your comment. The final guidance includes more details about the CMOs recommendations and examples of physical activity.
British Heart Foundation	Draft recommendation 3	11	We welcome the suggestion that when primary care practitioners are delivering brief advice that this advice is tailored to the current physical activity level of the individual, however we think that primary care professionals will need guidance on what advice would be appropriate for the individual based on their current physical activity level. For example, for those who are inactive and very sedentary the advice should be that some physical activity is better than no activity and that people should gradually increase their physical activity; for those who are doing some physical activity but not meeting the guidelines, they should gradually increase their levels of physical activity to achieve the age appropriate physical activity guidelines.	Thank you for your comment. The final guidance reflects your comments.
British Heart Foundation	Draft recommendation 3	11	We welcome the recognition of the role that physical activity can play in the treatment and management of long terms conditions and would wholeheartedly support this recommendation.	Thank you.
British Heart Foundation	Draft recommendation 3	11	Consideration of a written 'prescription' appears a sensible suggestion but may need to be supported by consideration of referral if the advice is anything other than simple or the patient needs very specific exercise advice or guidance	Thank you for your comment. This guidance focuses on brief physical activity advice in primary care. Exercise referral is excluded from this piece of work.
British Heart Foundation	Draft recommenda	12	We wholeheartedly support the recommendation that primary care practitioners should record outcomes and follow up on the advice given.	Thank you. GPPAQ is given as one example of a validated tool for identifying inactive

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	tion 4		However we would like it to be made clearer that GPPAQ is not being recommended as a tool to monitor changes in physical activity as GPPAQ is not designed or validated to detect changes in physical activity.	adults. The guidance does not recommend GPPAQ to monitor changes in activity.
British Heart Foundation	Draft recommenda tion #5	13	We welcome the reference to the importance of physical activity in the prevention and management of long-term conditions. Its inclusion as a QOF indicator in its own right would raise the importance of physical activity and its broader health benefits and raise awareness of physical inactivity as the fourth leading risk factor for non-commu8nicable diseases.	Thank you.
British Heart Foundation	Draft recommenda tion # 6	13	We are fully supportive of the list of actions to be considered by commissioners (recommendation 6) but would be concerned of the amount of information passed directly to the patient on the initial assessment as they may be overwhelmed by this volume. We would prefer that practitioners are given guidance on the principles of behaviour change to ensure patients are not overwhelmed with information.	Thank you for your comment. The guidance makes reference to NICE guidance on behaviour change (PH6). Recommendations also highlight the need for consideration of the individual as well as training and information for practitioners in the delivery of brief advice.
British Heart Foundation	Draft recommenda tion 6	13/14	We support the recommendations of the need to improve practitioners' knowledge about physical activity and the need for commissioners of health services to provide information and training for primary care practitioners. However, we would also welcome a recommendation which encourages education providers to integrate physical activity into the training of all undergraduate medical professionals	Thank you for your comment.
British Heart Foundation	2 Public health need and practice	15	We are pleased to note the reference to the prevention and management of 20 conditions including coronary heart disease. We believe these are important areas for emphasis.	Thank you
British Heart Foundation	2 Public health need	15 - para 2	While noting the role of physical activity in enhancing psychological wellbeing, we feel that the prevention of physical illness should be	Thank you for your comment. This section of the guidance briefly highlights to the reader

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	and practice		mentioned in the same sentence. Physical activity has also been shown to be as effective as pharmacological interventions for the management of mild hypertension, pre-diabetes. Also, evidence has shown that the NNT for diabetic patients is lower when physical activity is compared to metformin –reference to these physical health benefits would highlight the importance of physical activity for primary care practitioners.	the need for guidance. It is not intended to be an extensive synthesis of the literature.
British Heart Foundation	2 Public health need and practice	16	Rather than physical exercise being referred to as 'exacerbating' other health problems such as osteoporosis, we feel it is of more value to emphasise the positive, in that it can prevent and manage such conditions.	Thank you for your comment. This section of the guidance has been revised and updated.
British Heart Foundation	2 Public health need and practice	16	We welcome the reference to the scientific and clinical evidence supporting physical activity in preventing, treating and managing many long term conditions. We would recommend that the guidance makes reference to the Lancet series on physical activity in this section Lancet July 2012	Thank you for your comment.
British Heart Foundation	3 Consideratio ns, s.3.2	18	Please see comments above re QOF indicators.	Thank you
British Heart Foundation	3 Consideratio ns, s.3.3	18	PHIAC notes that 'advice could be delivered more quickly if the practitioner is knowledgeable about the benefits of (and opportunities for) physical activity…" While this would be the ideal, it would also be beneficial to include reference to referrals where the requisite knowledge does not exist within the practice. If referral is presented here consideration would need to be given regarding processes for referral and who such a referral would be too, i.e. lifestyle advisor within primary care or the community who could deliver a more in depth brief intervention.	Thank you for your comment. Exercise referral is excluded from this piece of guidance. NICE is current undertaking an update of the exercise referral recommendations from PH2 (www.nice.org.uk)

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British Heart Foundation	3. Consideratio ns, s.3.5	19	PHIAC acknowledged that some primary care practitioners do not engage with people about their physical activity status for a number of reasons. We would welcome clarification from NICE on why this is the case and guidance on how CCGs and other policy makers might address these issues.	Thank you for your comment. The considerations section outlines what the Public Health Interventions Advisory Committee (PHIAC) considered in the development of the guidance.
British Heart Foundation	3 Consideratio ns, s.3.5	19	We strongly agree that "…physical activity assessment and delivery of advice should be a matter of routine in primary care." However, this also requires credible support, training and resources to enable practitioners to do this, including signposting for patients. We would welcome a NICE recommendation to help encourage a change in undergraduate medical training so that physical activity receives further attention.	Thank you for your comment. Recommendations about undergraduate medical training are beyond the scope of this guidance.
British Heart Foundation	3 Consideratio ns, s.3.7	19	It is often the case that fewer opportunities are available or taken up in areas of high deprivation. However, we believe the statement sounds somewhat defeatist as there are many areas of deprivation where we have evidence of creative community efforts to increase physical activity. The statement could be more positive to encourage imaginative approaches at a local level.	Thank you for your comment.
British Heart Foundation	3. Evidence s.3.10	20	PHIAC considered that there was insufficient evidence to make recommendations about the differential impact of the duration of brief advice, the specific content of brief advice and who delivers it. While there are no head-to-head trials comparing the differential impact of the duration of brief advice, the specific content of the advice or who delivers the advice, the evidence does point in the direction that brief advice of longer duration is likely to lead to an increase in self-reported levels of physical activity (ES5: intervention duration) we would therefore welcome inclusion of this evidence in the considerations section	Thank you for your comment.

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British Heart Foundation	4 Implementation	22	We note that there is no reference to signposting practitioners and patients to charities and related advice. Our own website and the BHF National Centre website has substantial advice, information and resources on physical activity.	Thank you for your comment. The final guidance does not list any specific sources for It is for local commissioners and primary care professionals to identify the most appropriate sources.
British Heart Foundation	5 Recommendations for research 5.1	23	We would be interested, not only in the effectiveness of 'micro interventions' of less than 1-2 minutes, but whether this were possible if the advice is to cover, the links to the illness, the benefits and the actual 'prescription'.	Thank you for your comments.
Department of Health	General		Let's Get Moving was revised in February 2012. See: http://www.dh.gov.uk/health/2012/03/lets-get-moving/	Thank you. We have updated the reference accordingly where appropriate.
Department of Health	1 – Recommendations	10	In the bullet point - When delivering brief advice, emphasise: Should we also emphasise the dangers of sedentary behaviour specifically as it is not the same as being inactive.	Thank you for your comments and we welcome the DH's contribution. The final guidance includes more details about the CMO's recommendations. This includes reference to the reduction of sedentary activity.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	General		We welcome the guidance and the focus upon a patient-centred approach throughout (for example, recognition of individual barriers and circumstances, recognition that intervention at that time may be inappropriate, recording and following up advice).	Thank you and we welcome domUK's contribution
Dietitians in Obesity Management (domUK): specialist group of the	Introduction, Scope & Purpose	2	We feel that dietitians and nutritionists should be included here particularly given their role in weight management and often in service commissioning. Since weight management before, during and after	Thank you for your comment. This guidance is aimed at primary care practitioners and those working in primary care whose remit

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British Dietetic Association	Who is this guidance for?		pregnancy is recognised as crucial, and pregnancy /post childbirth is a time when otherwise healthy women will seek medical care, we also feel that midwives and health visitors should be explicitly mentioned. In addition we recognise that a successful brief intervention to encourage activity in a new mother may have additional benefits for her child/ren and other family members.	includes offering lifestyle advice. Although not explicitly outlined Dieticians and nutritionists working in primary care would be included. The final guidance includes midwives as one example of the professionals who can play a role. Please note that NICE has produced separate guidance on weight management before, during and after pregnancy.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Draft recommendations: infrastructure and systems	7	We would like to see family planning, antenatal and postnatal appointments, child health checks included as opportunities within the infrastructure for brief interventions with great potential.	Thank you for your comments. The final guidance makes reference to midwives as an example of primary care practitioners in the 'who should take action' section.. Section 5 outlines links to related NICE guidance which includes weight loss pre, during and post pregnancy.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Draft recommendations: whose health will benefit?	8	We would like to see recognition of the potential for children and family members to benefit if an adult who is a parent/carer acts upon advice to become more active.	Thank you for your comment. This guidance focuses on those 19 years and older.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 1: who should take action?	8	We would like to see dietitians, nutritionists, health visitors and midwives specifically added.	Thank you for your comment. The final guidance makes reference to midwives as an example of primary care professionals. This is not meant to be an exhaustive list.
Dietitians in Obesity	Recommend	8	We feel that if it is inappropriate within that consultation to offer brief	Thank you for your comment. The final

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Management (domUK): specialist group of the British Dietetic Association	ation 1: what action should they take?		advice that this **should be recorded** and carried out at the next opportunity.	guidance reflects your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 1: what action should they take?	8	We agree that visual cues should not be relied upon and validated assessment tools such as GPPAQ should be used.	Thank you.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 2: who should take action?	9	We would like to see dietitians, nutritionists, health visitors and midwives specifically added.	Thank you for your comment. Please see our previous response.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 2: what action should they take?	10	We would like to see 'emphasise a reduction in sedentary activities eg not sitting for more than 30 consecutive minutes' included.	Thank you for your comment. The final guidance includes more details about the CMO's recommendations. This includes reference to the reduction of sedentary activity.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 3: who should take action?	10	We would like to see dietitians, nutritionists, health visitors and midwives specifically added.	Thank you for comment. Please see our previous response.

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Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 3: what action should they take?	11	We would like to see 'use a patient-centred approach' in place of 'use behaviour change techniques' to avoid sounding manipulative.	Thank you for your comment. Reference to behaviour change has been removed from the recommendation.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 3: what action should they take?	11	We would like 'Encourage individuals to record their activity levels to increase their self-awareness' added.	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 3: what action should they take?	11	We would like to see the importance of social support included.	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 3: what action should they take?	11	We would like to see 'Consider giving a written prescription..' altered to 'Give a written outline of the advice and goals agreed'.	Thank you for your comment. The final guidance refers to a written outline instead of a prescription.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 4: who should take action?	11	We would like to see dietitians, nutritionists, health visitors and midwives specifically added.	Please see our previous response.
Dietitians in Obesity Management (domUK):	Recommendation 4: what	12	We welcome the emphasis on recording & following up, either opportunistically or as part of a planned appointment.	Thank you.

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specialist group of the British Dietetic Association	action should they take?			
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 5: what action should they take?	12	We welcome the inclusion of brief advice on physical activity into care pathways and services for those at high risk.	Thank you.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 5: what action should they take?	12	We welcome the inclusion of strategies to commission physical activity assessment and brief advice delivery but think evaluation of this approach should be explicitly included as part of the commissioning process.	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 5: what action should they take?	13	We welcome the inclusion of physical activity and brief advice into local long-term disease management strategy but think the strategy should include both physical activity **and physical inactivity** as separate independent modifiable risk factors in the prevention and management of a number of long-term conditions.	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 6: what action should they take?	13-14	We would like to see 'and risks of physical inactivity' added to benefits of physical activity in terms of training and information	Thank you for your comments. The final guidance highlights the benefits of physical activity in preventing and managing a range of conditions.

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Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 6: what action should they take?	13-14	We would like to see 'barriers to physical activity' added in terms of training and information	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 6: what action should they take?	13-14	We would like to see 'need to record outcomes and follow up on brief advice' added in terms of training and information	Thank you for your comment.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 6: what action should they take?	13-14	We would like to see 'local opportunities for physical activity' expanded to include examples such as chair activities and exercise for immobile individuals, women only sessions, walking groups, exercise on referral schemes.	Thank you for your comment. The final guidance reflects these points.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Recommendation 6: what action should they take?	13-14	We would like to see a stepwise approach to activity advice taken ie. Step 1: reduce sedentary behaviours. Step 2: Increase physical activity. Step 3: Maintain higher levels of physical activity.	Thank you for your comments.
Dietitians in Obesity Management (domUK): specialist group of the British Dietetic Association	Section 3: Health economics	20-21	We feel that evaluation of the effects of brief advice to increase physical activity should be added.	Thank you for your comments. PHIAC noted that brief advice has a modest, but consistent, effect on physical activity levels. It also noted that the impact of brief advice on physical activity, should ideally be measured

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				objectively as well as using self-reporting.
East Coast Community Healthcare CIC NHS	General		• This is still a strong document and generally believe that it is very positive. • The need to redistribute funding from other NHS services into more preventative services will reduce the cost of care across the whole of the NHS within a 10 year period. • I think the awareness of danger to health through sedentary lifestyle is a key public health message.	Thank you for your comments and we welcome East Coast Community Healthcare CIC NHS's contribution
East Coast Community Healthcare CIC NHS	General		• Our referral scheme has a basic referral form filled in by GP/Practice Nurse/ Community Health trainer after identifying low/no activity level. Our specialist staff then contact the client and carryout the intervention in special community gym commissioned by NHS Great Yarmouth and Waveney. We have over 80%completion and 65% still active after one year. This is a quality system and has been supported by John Searle (chief medical officer) and attracting interest from other similar services as a great blue print. Happy to give evidence and have people come sand see it in action.	Thank you.
East Coast Community Healthcare CIC NHS	Recommendation 1 –Who should deliver GPPAQ	8	• Perhaps there is a case that other non medical professionals could be trained to deliver GPPAQ. • Specialist physical activity Instructors with a clear understanding and expertise in this area may provide a cheaper alternative and also reduce time constraints on medical professionals who are already very busy.	Thank you for your comments. The final guidance recommends training in physical activity assessment for primary care professionals which could include non-medical professionals.
East Coast Community Healthcare CIC NHS	Recommendation 2 – Who should take action	9,10	• Perhaps there is a case that other non medical professionals could be trained to deliver intervention. • Specialist physical activity Instructors with a clear	Thank you for your comments. This guidance suggests action in primary care practitioners and those working in primary care whose remit includes offering lifestyle advice. This

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			understanding and expertise in this area. • Coordinating specialist instructor team I have been disappointed by the lack of preparation of patients by primary care staff. The lack of understanding of different physical activity options suitable to the individual has often meant bad advice or inappropriate advice has been given. This makes it harder to initiate the change in behaviour as it often conflicts with the advice given in the first instance. • Although good intention is shown I believe any advice offered should reflect the local availability and in some cases basic information overlooks the specialist options available.	would include non-medical professionals and if appropriately trained they could identify and deliver the intervention. A physical activity instructor working in primary care or in a primary care setting could take action if appropriately trained.
East Coast Community Healthcare CIC NHS	Recommendation 3 – Who should assess behaviour change	10,11	• Perhaps there is a case that other non medical professionals could be trained to deliver intervention. • Development of specialist physical activity Instructors with a clear understanding and expertise in this area. • Coordinating specialist instructor team I have been disappointed by the lack of preparation of patients by primary staff. The lack of understanding of different physical activity options suitable to the individual has often meant bad advice or inappropriate advice has been given. This makes it harder to initiate the change in behaviour as it often conflicts with the advice given in the first instance. • Although good intention is shown I believe any advice offered should reflect the local availability and in some cases basic information overlooks the specialist options available.	Thank you for your comment. Non medical professionals working in primary care settings are included in this guidance. The final guidance includes additional examples to the list of primary care practitioners to demonstrate this. The final guidance highlights issues pertaining to the provision of information and training.
East Coast Community Healthcare CIC NHS	3.2 Quality and		• In total agreement with this view. GP's need to have similar incentives to using physical activity as a form of prevention	Thank you

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	Outcome Framework		and also a form of treatment.	
East Coast Community Healthcare CIC NHS	3.3 Implementation		• Considerations need to be made for the development of Physical Activity Specialists to remove the time burden of such interventions on already time constrained primary health teams. This also may offer opportunities for larger numbers to be exposed to intervention as they could be offered in other community settings. There can also be an argument that this would also be cost saving.	Thank you. The considerations section outlines what the Public Health Interventions Advisory Committee (PHIAC) considered in the development of the guidance
East Coast Community Healthcare CIC NHS	5 Research		• Research into condition specific physical activity and its application to supporting other forms of treatment. i.e. – cancers and the use of physical activity in slowing development/ recovery from therapies etc. • Need to consider research to compare interventions lead by primary care practitioners vs professional physical activity experts • Research into physical activity as a form of treatment over other drug therapy. Could be particularly useful in reducing medications where patient is on 4 or more medicines increasing their potential of falling. • Research into data handling technology to reduce manual data capture. Our exercise referral scheme finds data capture very time consuming and reduces the amount of face to face time we can spend with patients. We are aware of tracking tools which may help reduce the need for such processes but still give quality data feedback to medical professionals about the progress of their patients.	Thank you for your comments.
Faculty of Sports and	Section 1.	6	**Brief Advice**	Thank you for your comment and we

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Exercise Medicine			There is a lack of clarity in the definition of "Brief Advice" We suggest that the committee establish a consensus on the definition and restrict the breadth of the definition.	welcome the Faculty of Sports and Exercise Medicine's contribution. For the purpose of this guidance brief advice constituted "verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It can vary from basic advice to a more extended, individually focused discussion".
Faculty of Sports and Exercise Medicine	Section 1.	7	**Infrastructure and Systems** We endorse the establishment of infrastructural criteria and system recommendations. However, we would suggest highlighting how using system checks and infrastructure could improve service. • Disease registers could identify high risk groups, • Templates for physical activity consultations could provide structure to the consultation • Computerised triggers would prompt raising awareness and encourage regular review of behavioural goals. Establishing physical activity IT infrastructure would facilitate greater data collection and identify areas of need in patient care and service development.	Thank you for your comment
Faculty of Sports and Exercise Medicine	Section 1	7	**Current physical activity recommendations** "Some activity is better than no activity" we would ask for more emphasis to be placed on this statement. With low national figures for participation in physical activity we have to start low and aim high.	Thank you for your comment. The final guidance makes this point clear. .

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			We also need to raise awareness that physical activity includes more than structured exercise and going to the gym. In the footnote or in the main text of the introduction we would recommend defining physical activity.	
Faculty of Sports and Exercise Medicine	Section 1	8	**Recommendation 1 Identifying adults who are inactive** ***What action should they take?*** We suggest removing "opportunistically" from the guidance "*This could be done:* *opportunistically during a consultation with a GP or practice nurse (or while people are waiting)"* The guidance should encourage primary care teams to adopt physical activity practices across their service not as an optional extra to include when opportunities present.	Thank you for your comment. The word opportunistically has been removed and replaced with "when the opportunity arises'. The PHIAC acknowledged that there are competing demands on primary care practitioners' time, both generally and during patient appointments. The recommendations allow for practitioners to deliver very brief informal advice repeatedly, if this fits better with the time available.
Faculty of Sports and Exercise Medicine	Section 1	8	**Recommendation 1** ***What action should they take?*** We would suggest more emphasis on "while people are waiting" Health promotion materials and visual media could be used in waiting areas to promote physical activity. This could include self assessment stations. Though this needs research to establish effectiveness.	Thank you for your comment.

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Faculty of Sports and Exercise Medicine	Section 1	8	**Recommendation 1 *What action should they take?*** We suggest including recommendations for setting and reviewing goals as part of a physical activity consultation.	Thank you for your comment. The final guidance recommends agreeing and reviewing goals. .
Faculty of Sports and Exercise Medicine	Section 1	8	**Recommendation 1 *What action should they take?*** Physical activity assessment should include follow-up and regular review. We recommend setting a minimum of annual discussion of physical activity in high risk groups.	Thank you for your comment. The final guidance recommends follow up at the next opportunity or appointment to discuss physical activity levels.
Faculty of Sports and Exercise Medicine	Section 1	10	**Recommendation 2** **When delivering brief advice, emphasise:** "the protective effect of meeting the UK physical activity guidelines " Ideally this statement should be supported with a numerical figure, reference and signposting to useful educational resources.	Thank you for your comment.
Faculty of Sports and Exercise Medicine	Section 1	10	**Recommendation 2** We would ask for more emphasise to be drawn to the statement *"that physical activity can be integrated into everyday activities"*	Thank you for your comment. The final guidance includes more details about the CMOs recommendations, including the point that you make,
Faculty of Sports and Exercise Medicine	Section 1	11	**Recommendation 4 Recording outcomes and following up brief advice**	Thank you for your comments. A footnote has been provided which links to guidance on the use of GPPAQ. GPPAQ is given as an

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			"Record the outcomes of the advice given (if GPPAQ is used, enter the Read Codes)." More guidance required for using GPPAQ GGPAQ should be used as a subjective measure to record baseline physical activity. GGPAQ can then be repeated at follow-up to measure change in physical activity.	example of a validated tool for assessing current activity levels.
Faculty of Sports and Exercise Medicine	Section 1	11	**Recommendation 4 Recording outcomes and following up brief advice** We suggest removing "opportunistically" from the guidance *"Follow up brief advice opportunistically at another appointment or in a planned appointment "* Follow-up should be planned and we recommend making this statement stronger by removing "opportunistically" .	Thank you for your comment. .
Faculty of Sports and Exercise Medicine	Section 1	12	**Recommendation 5 Commissioning to support delivery of brief advice** We fully endorse these recommendations	Thank you
Faculty of Sports and Exercise Medicine	Section 1	13	**Recommendation 6 Improving practitioners' knowledge** We fully endorse the need to improve undergraduate and post graduate	Thank you for your comment. It will be up to local commissioners to determine how best to meet the information and training needs of

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			education on physical activity and physical activity behaviour change. However, this recommendation requires more clarification on the educational priorities and how they will be achieved. Who will provide the education? Improving education and understanding within our current and future healthcare teams is a priority. Efforts to improve standards made by commissioners and public health teams will only be a part of the solution. The "Who should take action" section should include organisations leading primary care education across the multidisciplinary team, including General Practice speciality training programmes, practice/ community nurse training schemes and community pharmacists.	practitioners.
Faculty of Sports and Exercise Medicine	Section 2	15	**Public Health Need and Practice** **General Comment** This section needs more attention to detail and significant improvement in the quality of referencing and citation.	Thank you for your comment. This section of the guidance has been updated and revised.
Faculty of Sports and Exercise Medicine	Section 2	15	*"One in 4 people will experience some form of mental health problem in the course of a year (Mental Health Foundation 2011)."* Referenced as *Mental Health Foundation (2011) Governance [online]*	Thank you for your comment. This section of the guidance has been revised and updated.

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			This leads to website with no clear source of the 1 in 4 figure quoted.	
Faculty of Sports and Exercise Medicine	Section 2	15	"Physical activity can help prevent and alleviate problems such as clinical depression, dementia (Laurin et al. 2001) and Alzheimer's (Scarmeas et al. 2009)." Laurin et al is an old reference. Literature has progressed since 2001.	Thank you for your comment. This section of the guidance has been revised and updated.
Faculty of Sports and Exercise Medicine	Section 2	15	*"It may even be as successful as psychotherapy or medication in treating clinical depression (Lawlor and Hopler 2001)."* Outdated reference Lawlor et al have published Cochrane update 2012	Thank you for your comment. This section of the guidance has been revised and updated.
Faculty of Sports and Exercise Medicine	Section 2	16	*"There is limited information about current practice, but one study suggests that doctors should first encourage patients to adopt a healthy lifestyle and then help them to maintain it when helping people with a 'lifestyle-related' disease (Khan et al. 2011)."* The quote is an editorial/personal-professional comment. There are no primary references for the study mentioned in this sentence. Reading Khan's editorial to find a reference leads to NHS "Lets Get Moving" Commissioning Guidance, reading this document again leads to no primary source of evidence for the above statement.	Thank you for your comment. This section of the guidance has been revised and updated.
Faculty of Sports and	Section 2	16	*"Weiler and Stamatakis (2010) note that: 'despite physical inactivity*	Thank you for your comments. This section of

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Exercise Medicine			*being the most prevalent, modifiable affliction and possibly the greatest chronic disease risk factor, it is still not receiving the attention that scientific and clinical evidence would seem to merit'."* This statement is quoting personal/professional opinion. There are no primary references supporting these comments. The supporting reference quoted by Weiler and Stamatakis in their discussion paper is in itself not a primary piece of evidence. They quote/reference an editorial by SN Blair. Discussion pieces supporting NICE guidance should ideally use Level 1 evidence to support statements. The referencing of personal commentary and professional opinion threatens to undermine the strength of NICE guidance.	the guidance has been revised and updated. .
Faculty of Sports and Exercise Medicine	Section 3		No comments to add.	Thank you.
Faculty of Sports and Exercise Medicine	Section 4		No Comments to add.	Thank you.
Faculty of Sports and Exercise Medicine	Section 5		Agree with research recommendations.	Thank you.
Institute of Health and Society, Newcastle University	General		Although the term 'brief advice' is defined broadly and might give the impression of a somewhat more active role on behalf of the advice giver, throughout these guidelines the person receiving the advice is depicted in a passive-receptive role. This is not the most effective or person-centred manner in which to support people to increase their physical activity. In line with the evidence on brief advice practice upon which this guideline is based, people have to be involved in an interactive manner to determine whether and what they would like to	Thank you for your comment and we welcome the Institute of health and society's comments. The recommendations are aimed at primary care practitioners hence the wording appears directive (with those receiving the advice as passive). The final recommendations reflect a patient-centered approach, so that the professional is sensitive

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			change. We outline various examples of this point below in detail, and this point should be addressed throughout the guideline. Also, we question the utility of such a broad definition of brief advice. The current definition confounds modes of delivering advice (e.g., verbal, written) with potential techniques for promoting motivation (e.g., encouragement) and/or changing behaviour (e.g., support). This lack of clarity poses a challenge for implementation and evaluation as it would continue to introduce wide variability in what actually is delivered as brief advice. We question the utility of the term ‘brief advice’ altogether, and wonder whether a more specific approach which distinguishes techniques from how they might be delivered would be more appropriate. We recognise that this is raised in section 3.10 (page 20), where the guidance notes that there is not sufficient evidence regarding content, duration and provider to make recommendations at that level. However, this lack of clarity will not be helped by guidance that continues to define brief advice so broadly.	to person’s circumstances and provides advice that takes account of their motivations, needs and preferences. This guidance updates the brief advice component of PH2. We have attempted to identify and assess the effectiveness of different types of brief advice against each other and against usual care. Unfortunately, there was insufficient evidence to make recommendations about the differential impact of brief advice based on duration of delivery, content or by who delivers it. However, the committee have made research recommendations which aim to encourage further research regarding these issues.
Institute of Health and Society, Newcastle University	General Introduction	1	The list of the six areas which the recommendations are covering could be (a) numbered (b) cross referenced to the relevant sections and (c) divided into individual level consultation related tasks [1-4] and infrastructure and system level tasks [5-6].	Thank you for your comment. NICE public health guidance is produced to a standard format.
Institute of Health and Society, Newcastle University	General Introduction	1	The improvement of practitioners’ knowledge is a poor target for influencing clinical practice as ample research has shown. Moreover, suggesting practitioner knowledge as the target for influencing clinical practice reinforces the underlying assumption that changing knowledge is sufficient to change physical activity behaviour – this simplistic model	Thank you for your comment. In addition to addressing practitioner knowledge and skills, the final guidance acknowledges the role of incentives on their behaviour.

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			is not supported by current behavioural science evidence and theory (1-4). We suggest a rewording of this item and recommend removing the reference to knowledge. Alternative items might be ‘supporting delivery of brief advice in practice’ or ‘practitioner support for delivering brief advice’ or ‘supporting practitioners’ delivery of brief advice, or ‘Helping practitioners implement the delivery of brief advice’. References: 1. Bonetti, D., Johnston, M., Clarkson, J. E., Grimshaw, J., Pitts, N. B., Eccles, M., . . . Walker, A. (2010). Applying psychological theories to evidence-based clinical practice: identifying factors predictive of placing preventive fissure sealants. *Implementation Science, 5*, 25. doi: 10.1186/1748-5908-5-25 2. Bonetti, D., Pitts, N. B., Eccles, M. P., Grimshaw, J. M., Johnston, M., Steen, N., . . . Walker, A. (2006). Applying psychological theory to evidence-based clinical practice: identifying factors predictive of taking intra-oral radiographs. *Social Science & Medicine, 63*, 1889-1899. 3. Eccles, M. P., Grimshaw, J. M., Johnston, M., Steen, N., Pitts, N. B., Thomas, R., . . . Walker, A. (2007). Applying psychological theories to evidence-based clinical practice: Identifying factors predictive of managing upper respiratory tract infections without antibiotics. *Implementation Science, 2:26*. 4. Grimshaw, J. M., Eccles, M. P., Steen, N., Johnston, M., Pitts,	

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			N. B., Glidewell, L., . . . Walker, A. (2011). Applying psychological theories to evidence-based clinical practice: identifying factors predictive of lumbar spine x-ray for low back pain in UK primary care practice. *Implementation Science, 6*, 55.	
Institute of Health and Society, Newcastle University	Recommendation 2 Delivering brief advice	10	The "*When delivering brief advice, emphasise*:" should include a bullet point on assessing people's prior knowledge of the benefits of physical activity. Many individuals are already aware of the benefits of physical activity and its link to their own health – reiterating the benefits is unlikely to increase motivation towards or enactment of behaviour change.	Thank you for your comment.
Institute of Health and Society, Newcastle University	Recommendation 3 Identifying motivational factors and tailoring brief advice	10-11	"*Use behaviour change techniques to identify individual motivational factors and set personal physical activity goals (see 'Behaviour change', NICE public health guidance 6).*" If this guidance recommends the use of behaviour change techniques, then these should be clearly defined and described in more detail. Currently, there are several behaviour change techniques mentioned in the guidance, including provision of information, provision of instructions, goal setting, graded tasks, provision of feedback on performance, review of behavioural goals and general reinforcement (cf. 5). Providing clear definitions of these techniques, supported by examples of how to use them, will help facilitate their inclusion when delivering brief advice and evaluation of their implementation. Basing this guidance more thoroughly on behaviour change techniques would greatly increase practical applicability, provide a more concrete structure, and support for the implementation of brief advice. In addition, it would become clear that 'brief advice' includes a variety of	Thank you for your comments. Reference to behaviour change techniques has been removed. There was a lack of evidence on what was the most effective behaviour change technique in the context of the delivery of brief advice.

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			techniques beyond the usual information/instruction giving techniques. For example, behaviour change techniques that support motivated individuals to enact their motivation by planning when, where and how they will act (i.e., action planning) and planning in advance how to deal with anticipated barriers (coping planning) (6) should be explicitly mentioned . References: 1. Michie, S., Ashford, S., Sniehotta, F. F., Dombrowski, S. U., & French, D. P. (2011). A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours – The CALO-RE taxonomy. *Psychology & Health, 26*(11), 1479–1498. 2. Bélanger-Gravel, A., Godin, G. & Amireault, S.. (2011) A meta-analytic review of the effect of implementation intentions on physical activity. Health Psychology Review. : 1-32.	
Institute of Health and Society, Newcastle University	Recommendation 6 Improving practitioners' knowledge	13-14	We recommend rewording the heading of this section to '*Helping practitioners implement the delivery of brief advice*', as providing practitioners with information on physical activity will be unlikely to result in brief advice practice if this is not supplemented with support in how such advice should be delivered. This includes training in an overall person-centred approach to advice giving, as well as specific skills and competencies in delivering specific behaviour change techniques. The competences required to deliver brief health interventions have been identified from the evidence base (7). In addition, this training should take into consideration how the training received will be incorporated into existing care pathways alongside	Thank you for your comment. The recommendations should be delivered in their entirety. NICE is not suggesting that 'training' by itself will increase identification of the inactive or the delivery of brief advice. It is for commissioners to consider these actions in light of their own local variation and context. NICE also develops implementation tools which may address some of the issues you have raised. The references provided have been assessed and are excluded on the basis of being non-intervention studies.

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			competing demands. The science of implementation is advancing at a rapid pace and extends well beyond only training of health professionals; indeed, there are trials focusing on how the specific strategies that can be used to help health professionals effectively integrate lifestyle interventions into their routine practice, and barriers and facilitators to such implementation and provide them with the skills and competencies to effectively deliver these interventions (8). At present, the list of actions proposed for commissioners largely focuses on actions (and techniques) for trying to motivate practitioners to deliver brief advice, with little in the way of helping them to effectively translate that motivation into action. This is elaborated to some extent on page 18-19, but could be complemented by including recommendations for how to help motivated clinicians to provide advice. Reference: 3. Dixon, D., & Johnston, M. (2010). *The Health Behaviour Change Competency Framework: Competences to deliver interventions to change lifestyle behaviours that affect health.* Available at: http://www.healthscotland.com/learning/index.aspx 4. Van Achterberg, T., Huisman-De Waal, G. G. J., Ketelaar, N. A. B. M., Oostendorp, R. A., Jacobs, J. E., & Wollersheim, H. C. H. (2011). How to promote healthy behaviours in patients? An overview of evidence for behaviour change techniques. *Health Promotion International, 26*(2), 148-162.	
Institute of Health and Society, Newcastle	Recommendation 6	13-14	The guideline should ensure that commissioners of health services seek high quality staff training, developed in light of the current	Thank you for your comment.

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University	Improving practitioners' knowledge		evidence base. Such training programmes should therefore be developed by competent practitioners including health psychologists, who have theoretical and applied expertise in health behaviour change in relation to patient and practitioner behaviour change.	
Institute of Health and Society, Newcastle University	Section 2 Public health need and practice	15-16	"*Physical activity levels vary according to income, gender, age, ethnicity, socioeconomic status and disability. People tend to be less physically active as they get older…*" However, it should be emphasised that physical activity recommendations do not stratify the population in this way. For example, NICE (9, 10) recommends physical activity as a "core treatment for the management of osteoarthritis, irrespective of age, comorbidity, pain severity or disability". However, people with osteoarthritis have low levels of physical activity and high levels of physical *in*activity (11), rendering them at excess risks of obesity-related diseases and conditions secondary to osteoarthritis, including coronary heart disease, Type 2 diabetes etc. as discussed. 5. National Institute for Health and Clinical Excellence. NICE clinical guidance 59. Osteoarthritis: the care and management of osteoarthritis in adults. 2008. http://guidance.nice.org.uk/CG59/NICEGuidance/pdf/English Accessed 29-11-1012. 6. The National Collaborating Centre for Chronic Conditions. *Osteoarthritis: national clinical guideline for care and management in adults*. London: Royal College of Physicians; 2008. 7. Dunlop DD, Song J, Semanik PA, Chang RW, Sharma L,	Thank you for your comment. This section of the guidance briefly highlights to the reader the need for guidance. It is not intended to be an extensive synthesis of the literature. The references provided have been assessed and have been excluded as they are outside the scope of this guidance and focus on brief physical activity advice in the context of specific conditions.

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			Bathon JM, et al. Objective physical activity measurement in the osteoarthritis initiative: Are guidelines being met? Arthritis & Rheumatism. 2011;63(11):3372-82.	
Ki Performance Lifestyle Ltd.	General	n/a	Ki agrees with the importance of assessing the physical activity levels of those adults in contact with primary care services and identifying those not currently meeting the UK physical activity guidelines. Currently, physical activity is assessed within the NHS using the *General Practice Physical Activity Questionnaire*. Although subjective data collection methods such as this do have benefits, we believe that accurate, objective methods that provide meaningful data to both the individual and practitioner should be employed. Neither the individual nor the health practitioner can know exactly how much activity an individual attains each day, or whether this activity is moderate or vigorous without accurate direct measurement of the individual's life. The accuracy and ease of use of the self-monitoring devices such as the Ki Armband make them an excellent choice for objective assessment of physical activity levels, as well as delivering and evaluating lifestyle-based behaviour change interventions that need to fit into the everyday lives of individuals. Moreover, the use of technology is beneficial and effective for both the individual and the health practitioner.	Thank you. We welcome Ki Performance Lifestyle Ltd's comments. Recommendations pertaining to particular technologies for the measurement and monitoring of physical activity are beyond the remit of this particular piece of guidance. GPPAQ is given as an example of a validated and currently used physical activity questionnaire. NICE does not suggest that this is the only way to assess physical activity levels.
Ki Performance Lifestyle Ltd.	General (cont.)	n/a	Both the individual and health practitioner are time poor. Data from self-monitoring devices can be easily uploaded to an online platform which can be seamlessly integrated into a busy lifestyle by allowing continual access 24/7. In addition, there is growing evidence that mobile	Thank you for your comments

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			technology support, such as Smartphone applications, can enhance practitioner-led weight loss programmes (Spring *et al*., 2012). Individuals can learn to self-manage using the online platform and/or Smartphone application, meaning that they can take on a certain amount of responsibility for their own health and wellbeing as appropriate. It is well recognised that regular self-monitoring of physiological parameters, energy expenditure and nutritional intake provides important feedback to the individual, enhancing attentional focus on the desired behaviour (Baker & Kirschenbaum, 1998) and increasing self-awareness of personal health. Accountability is the expectation on the side of the decision maker for having to justify his/her decisions to somebody else (Vieider, 2009). When individuals are warned that they will be held accountable for their decisions, the action for which they will be held accountable increases (Paolini, Crisp, McIntyre, 2009). Ensuring people are held accountable for their actions and goals	
Ki Performance Lifestyle Ltd.	General (cont.)	n/a	has also been shown to be a factor in long term behaviour change (Vieider, 2009). As the guidelines correctly suggest, physical activity should be discussed with those assessed as inactive and these individuals should be advised to increase their level of activity. This advice should be driven by the individual user's data allowing numerous self-monitoring opportunities and increases accountability, as well as allowing tailored, bespoke advice to be provided to the individual. Furthermore, the	Thank you for your comments

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			physical activity guidelines provided can be progressed according to the individual's data. The practitioner can provide this support remotely using the online platform, delivering advice in a convenient, time- and cost-efficient manner. *References:* Baker, R.C. & Kirschenbaum, D.S. (1998) Weight control during the holidays: highly consistent self-monitoring as a potentially useful coping mechanism. *Health Psychology*. **17 (4)**, 367-370.	
Ki Performance Lifestyle Ltd.	General (cont.)	n/a	Paolini, S., Crisp, R.J., & McIntyre, K. (2009) Accountability moderates member-to-group generalization: Testing a dual process model of stereotype change. *Journal of Experimental Social Psychology*, **45(4)**, 676-685. Spring, B., Duncan, J.M., Jenke, E.A., Kozak, A.T., McFadden, H.G., DeMott, A., Pictor, A., Epstein, L.H., Siddique, J., Pellegrini, C.A., Buscemi, J., a& Hedeker, D. (2012) Integrating technology into standard weight loss treatment: A randomised controlled trial. *Archives of Internal Medicine*, **online first (published: 10th December 2012)**, 1-7 Vieider, F.M. (2009) The effect of accountability of loss aversion. *Acta Psychologica*, **132(1)**, 96-101,	Thank you for the references

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Lancashire Care NHS Foundation Trust	General		It is positive that walking and cycling schemes and exercise referral have been removed from the original version of this guidance to focus the topic area to those involved in its delivery rather than a wide variety of agencies.	Thank you and we welcome Lancashire NHS foundations contribution.
Lancashire Care NHS Foundation Trust	General		I would suggest that there needs to be some more detailed description on the variance of local opportunities to be physically active across the country and the responsibility that a staff member should take in finding those opportunities if they are delivering brief intervention. The example given in the guidance is to look on the Sport England Active Places website but this definitely will not provide primary care staff in East Lancashire with all of the opportunities that they could signpost to.	Thank you for your comment
Lancashire Care NHS Foundation Trust	General		I would also suggest that some reference is made to evidence based national web based resources that primary care staff could signpost to including Change4Life, NHS Choices and the British Heart Foundation.	Thank you for your comment and suggested websites/links
Lancashire Care NHS Foundation Trust	General		Experience of working with primary care staff leads me to suggest that the main barriers to implementing physical activity brief intervention in primary care are, the perception of its credibility as a health intervention, the perception of whose responsibility physical activity related interventions are, and also the time staff have to dedicate to it. I say that following conversations relating to Let's Get Moving (the physical activity care pathway proposed by the Department of Health approximately 2 years ago).	Thank you for your comments
Macmillan Cancer Support	General		As the updated guidance includes management, and not just prevention of long term conditions, it's important that this is cross-referenced to all clinical guidance for these conditions.	Thank you for your comments. We welcome Macmillan Cancer Support's contributions
Macmillan Cancer Support	General		The guidance only refers to primary care. However, there is evidence for the use of brief interventions in a secondary care environment. For example Macmillan Cancer Support are working with acute trusts to	Thank you for your comments. This guidance focuses on the delivery of brief advice in primary care.

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			integrate brief interventions in physical activity within assessment and care planning. We would like the guidance to consider the inclusion of brief interventions within a secondary care environment Please see the link: http://www.ncsi.org.uk/what-we-are-doing/physical-activity.	
Macmillan Cancer Support	5	12	Macmillan would welcome the inclusion of cancer as an example of a condition in which physical activity plays a role in prevention or management.	Thank you for your comment. The final guidance highlights cancer as one of many conditions that physical activity can help to prevent or manage.
Macmillan Cancer Support	5	13	We support the use of GPPAQ to identify patients who are inactive but an additional recommendation under section 5 should be to ensure all GP practices are aware of the questionnaire and how best to utilise it. It needs to be incorporated into assessment plans and incorporated in the local long-term disease management strategy so all GP's are using the tool.	Thank you for your comment. The guidance encourages the use of any appropriate validated tool to assess physical activity (of which GPPAQ is one). The final guidance highlights the need for information provision and training to facilitate the delivery of brief advice to include knowledge of physical activity assessment.
Rethink Mental Illness	General		People affected by severe mental illness face significant health inequalities and die, on average, 15-20 years younger than the general population, often from preventable physical health conditions. A significant factor in this reduced life expectancy is the weight gain associated with the initiation of antipsychotic medication. (Ref: Casey, Daniel E et al., *Antipsychotic-Induced Weight Gain and Metabolic Abnormalities: Implications for Increased Mortality in Patients With Schizophrenia* Journal of Clinical Psychiatry, Vol 65(Suppl7), 2004, 4-18) This group is also at high risk of conditions such as diabetes, stroke and	Thank you for your comments and we welcome Rethink Mental Illness's contribution

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			cardiovascular disease, all of which are listed in the draft guidance as conditions where inactivity is also a risk factor. (See, for example, Expert Group. '*Schizophrenia and diabetes 2003*'. Expert Consensus Meeting, Dublin 3–4 October 2003: consensus summary. Br J Psychiatry 2004; 184 (suppl 47): s112– 4.) Physical activity can also have a positive impact on people's mental health and wellbeing. This is mentioned in the proposed guidance and is also referenced in the Royal College of Psychiatrists briefing *No Health Without Public Mental Health.* (http://www.rcpsych.ac.uk/PDF/Position%20Statement%204%20website.pdf) Targeted physical activity advice and interventions for severe mental illness could therefore have a significant impact on outcomes for this group. Reducing the premature mortality of people affected by mental illness is a key priority under Domain 1 of the NHS Outcomes Framework and Domain 4 of the Public Health Outcomes Framework. We would therefore recommend that people affected by severe mental illness are treated as a discrete at-risk group and more explicit reference is made to this group in the guidance.	
Rethink Mental Illness	Recommendation 1	8	People affected by severe mental illness often find it difficult to engage with primary care services and might need support to do so. Although everyone on a practice's severe mental illness register should be invited to an annual health check as part of the Quality Outcomes Framework, mental health indicators have one of the highest reported exception rates. (Ref: NHS Information Centre (2012) *Quality and Outcomes Framework Achievement, prevalence and exceptions data 2011/12*).	Thank you for your comment and links to documentations.

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			These high figures suggest that health professionals might not be getting the opportunities to discuss physical activity with this group, which is concerning given the increased health risks for people affected by mental illness described above. People might need proactive support to engage with primary care services and there might also be a lack of reasonable adjustments for people in these settings. Rethink Mental Illness has produced a resource on reasonable adjustments in GP practices in collaboration with the RCGP called *What's Reasonable?* (available from www.rethink.org/phc). Rethink Mental Illness has also developed a pathway outlining the responsibilities of both primary and secondary care services in addressing the physical health needs of people affected by mental illness. The *Integrated Physical Health Pathway*, which was recommended in the National Audit of Schizophrenia and endorsed by the Royal Colleges of GPs, Nursing and Psychiatrists, can also be accessed at www.rethink.org/phc.	
Rethink Mental Illness	Recommend ation 3	11	The side effects of antipsychotic medication can include fatigue and sedation, which impact on a person's ability and motivation for physical activity. (See, for example WW, F., U, M., V, G. and M, K. (1994) *Compliance with antipsychotic drug treatment: influence of side effects.* Acta Psychiatrica Scandinavica 89: 11–15) This should therefore be considered when practitioners are looking at motivational factors and tailoring advice. We recommend that the impact of antipsychotic (and other) medications is included under this section.	Thank you for your comment.. Individual circumstances and health status are outlined in the guidance as elements to be considered in the delivery of brief advice. The reference provided has been assessed and is beyond the scope of this piece of work.
Rethink Mental Illness	Recommend	12	We recommend that people affected by severe mental illness are	Thank you for your comment. There are

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	ation 5		included in the list of populations at particular risk of inactivity, given the points raised under Recommendation 3 above.	several references to mental health throughout the recommendations. .
Royal College of Nursing	General		Nurses working in this area of health were invited to submit comments on the above public health guidance. Feedback from them suggests that there are no comments to submit at this time on behalf of the RCN. Thank you for the opportunity to participate.	Thank you and we welcome the RCN's comments.
Royal College of Physicians (RCP)	General		The RCP is grateful for the opportunity to comment on the partial update of PH2. We would like to make the following comments.	Thank you and we welcome RCP's contribution
Royal College of Physicians (RCP)	General		Our experts in sport and exercise medicine believe that there is very clear evidence that regular exercise has a beneficial effect on health and can be used in the management of several chronic diseases. However, they acknowledge that the most difficult aspect of regular exercise for some patients to achieve is the 'regular'. To achieve regular exercise, especially in someone not doing any exercise (which is the group we most want to target) requires a behavioural shift. To that end many experts are not convinced that brief advice in primary care will lead to such a major shift in behaviour that the patient takes up regular exercise for a prolonged period of time. Overall, many believe that a more structured approach in Primary care is required to not only get the message across (that exercise is good for you) but to have effective ways of implementing this advice. This would apply especially to the groups that would gain the greatest benefit ie	Thank you for your comments. This guidance is an update of the brief advice aspect of NICE public health guidance 2. NICE guidance is based on the best available evidence of effectiveness and cost effectiveness, and committee discussion of the evidence. NICE acknowledges that the recommendations on brief advice for physical activity have been made in the "context of other national and local strategies and interventions to increase or maintain physical activity levels in the population".

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			those with chronic conditions who do not exercise. Our experts agree that further evidence needs to be collected to establish the best way of offering good advice to the patient so that the behavioural shift takes place and is embedded in the patients psyche so that they maintain this lifestyle change.	
Royal College of Physicians (RCP)			Key questions include:- 1. Who should be delivering the advice/education? 2. What advice should be given and how should it be delivered? 3. How often should the advice be given and how should the patient be followed up? 4. How do we train the advisers? We agree that advice is less lightly to be given if the therapist is not enthusiastic about exercise and has not received the appropriate training. 5. Should each CCG appoint a therapist to act as the exercise advisor/prescriber for that group of Practices? Their remit would be to oversee the prescription of exercise, help to provide the behavioural change and monitor response to the exercise.	Thank you for your comment. The scope for this guidance outlined several key questions similar to the ones you pose. NICE guidance is based on the best available evidence on effectiveness and cost effectiveness, and committee discussion of the evidence. Unfortunately, there was insufficient evidence to make recommendations about the differential impact of brief advice based on duration of delivery, content or by who delivers it. However the committee have made research recommendations which aim to encourage further research regarding these issues. It is for local agencies to determine what resources are required to implement the recommendations, however we hope that the implementation tools that accompany this guidance will be helpful.
Royal College of Physicians (RCP)			Other important themes that could be incorporated into the advice include:	Thank you for the points raised and the examples provided. The recommendations include some examples, but these are not

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			1. The advice gives examples such as the value of walking before and after work by getting off public transport one stop earlier etc. Another concept is to have walking meetings. These can be done successfully when only two people are involved in the meeting. Important points from the meeting can be recorded on a dictation machine and transferred onto paper at the end of the meeting. This can be preferable to sit-down meetings 2. Another point is that, although there are many ways of doing effective exercise, the patient is more likely to do exercise that they enjoy – 'the exercise that is right for you is the exercise that is right for you'. 3. A rough guide to assess the intensity of exercise is the 'sing-talk' test, ie if you can sing during your exercise it is low-to-moderate intensity exercise; if you can talk but not sing during exercise it is moderate-to-high intensity exercise; if you can do neither it is high intensity exercise	meant to be exhaustive. The final guidance emphasises the need for advice to take account of the patient's needs, preferences and circumstances.
Royal College of Physicians (RCP)	General		The guidance has also been considered by the RCP GP Network. Overall, they believe that the document would be greatly benefited by including far greater practical advice on how a practising GP might be able to successfully provide advice for adults on physical activity. There is passing reference to Motivational Interviewing (MI) and the relevant passage clearly suggests that this is considered important. However, as above, there needs to be far greater explanation to a GP on how to do this. It is the view of the RCP GP Network that this is a skill that most GPs do not have and that specific training would be	Thank you for your comment. The implementation tools that accompany this guidance may address some of the practical application points that you have raised. This guidance is based on the best available evidence on effectiveness and cost effectiveness. Although motivational interviewing is not specifically recommended, the final guidance refers to the identification of

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			required Further guidance on MI should also be considered for inclusion within the document ie why it works and how to practically do it. As stands this appears to be a clear gap in the guidance.	motivational factors as way to tailor brief advice.
Stockport PCT	Recommendation 2	10	Add in: provide information about local services	Thanks for your comment. The final guidance reflects your point.
Stockport PCT	Recommendation 3	11	We would question if active places is 1. up to date, and 2. provides health care professionals with the correct information It would be more appropriate to link to County Sports Partnership Websites.	Thank you for your comments. The reference to active places has been removed.
Sustrans	General		Thanks for the opportunity to comment on this draft. In general we feel it is now strong and likely to be helpful	Thank you and we welcome Sustrain's contribution
Sustrans	1	10	Thanks for the reference to walking and cycling	Thank you. The final guidance includes more details about the CMO's recommendations.
Sustrans		11	Bullet 2 has become confused and needs a clarifying redraft	Thank you for your comment. This bullet has been clarified.
Sustrans		11	In bullet 3 it would be useful to offer an additional example – there are still many professionals who think of physical activity as sport, and something which is done in a nominated building such as a gym. They who may not really understand what is recommended in Start active, Stay active. Active places is a great resource, but you might also point to the National Cycle Network online mapping service	Thank you for your comment. The final guidance provides examples and the Chief Medical Officers' physical activity recommendations. We have removed reference to Active places and now refer to local opportunities more generically. This has

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			(http://www.sustrans.org.uk/map) and more generically to, say, local authority information on parks, walking and cycling routes etc.	been reinforced with reference to provision of information and appropriate training regarding physical activity opportunities.
Sustrans		14	In the penultimate dashed bullet it may be worth adding a little detail, to make clear that local opportunities for physical activity include both services, such as those provided by the local authority itself, VCS and commercial operators, and also environmental opportunities, such as parks, walking and cycling routes and so on	Thank you for your comment
The British Psychological Society	General		The Society believes that the recommendations are generally sound and reflect a thorough evaluation of the available evidence.	Thank you and we welcome the British Psychological Society's contribution.
The British Psychological Society	General		The Society welcomes that significant expansion of each of the recommendations. The new guidelines include more specific and targeted guidance.	Thank you
The British Psychological Society	General		Whilst not explicitly stated, the term "brief advice" may imply primarily verbal advice however we suggest explicitly alerting readers to the benefits of using additional media particularly making use of use of technology. Such use is illustrated in a recent Lancet paper (Pratt, Sarmiento, Montes, Ogilvie, Marcus, Perez, et al., 2012) advocated the use of mobile phone short-message service as an aid to physical activity promotion. Pratt, M., Sarmiento, OL., Montes, F., Ogilvie, D., Marcus, BH., Perez, LG., et al., 2012 - The implications of megatrends in information and communication technology and transportation for changes in global physical activity – Lancet, 380(9838), 282-93	Thank you for your comment. This guidance focuses on brief advice. The use of technology to monitor or increase adherence is beyond the scope of this particular guidance.
The British Psychological Society	General		The Society suggests reordering the recommendations to emphasise what individuals can do, rather than the illnesses they will avoid would	Thank you for your comment.

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			be an advantage. Research on information processing (such as Harris & Napper, 2005) shows that people often fail to process information if they perceive it as irrelevant to them, so given that most people can be more active, the focus should be on that instead. Harris, P. R., & Napper, L. (2005). Self-affirmation and the biased processing of threatening health-risk information. Personality and Social Psychology Bulletin, 31, 1250-1263.	
The British Psychological Society	Section 1 Section headed “What action should they take”?	8-9	The Society believes that the guidance included in this section on when and how to initiative brief advice is a welcome enhancement to the 2006 guidelines. In particular, the advice to use validated instruments as opposed to visual cues as determinants of degree of physical activity is appropriate.	Thank you and we welcome The British Psychological Society’s contributions.
The British Psychological Society	Section 1 Section headed “What action should they take”?	8-9	We welcome the recommendation that those assessed as meeting physical activity guidelines should be encouraged to maintain their level of activity as this represents good practice in the prevention of relapse to sedentary behaviour.	Thank you.
The British Psychological Society	Section 1	8, 9, 10-11	The Society welcomes Recommendations 1, 2, 3 and 4 in identifying “who should take action”. We believe that this is a positive addition ensuring that the responsibility for promoting physical activity, via brief advice, is not solely with General Practitioners. The new guidelines extend the remit to practice nurses, and other health care practitioners in a more coordinated effort to expose adults to the message that some physical activity is better than none. Evidence suggests that such inter-professional approaches are successful in physical activity promotion (Pratt. et al., 2012). We believe however that the updated guidelines	Thank you for your comments. This guidance focuses on brief physical activity advice only. NICE acknowledges that the recommendations on brief advice for physical activity have been made in the “context of other national and local strategies and interventions to increase or maintain physical activity levels in the population”.

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			may not go far enough in this endeavour. Consideration should be given to encouraging health agencies to form partnerships with businesses, transport agencies and health-care organisations. In particular, we would highlight the evidence that brief stand-alone counselling is less effective than a system which follows-up initial screening with telephone and or community support for physical activity (van Sluijs, van Poppel, Twisk, Chin A Paw, Calfas, van Mechelen, 2005). van Sluijs, EM., van Poppel, MN., Twisk, JW,. Chin A Paw, MJ., Calfas, KJ,. van Mechelen, W. 2005 - Effect of a tailored physical activity intervention delivered in general practice settings: results of a randomized controlled trial – American Journal of Public Health. 95(10):1825-31	
The British Psychological Society	Section 1	9	The Society feels that it is appropriate to use GPPAQ data rather than visual cues to exercise such as apparent estimated BMI. However, self-report indicators may over-represent the amounts of physical activity engaged in, particularly within health-related contexts such as GPs surgeries where people may feel under pressure to over-report exercise. We therefore suggest that in some instances GPPAQ data should be interpreted alongside physiological indices of fitness.	Thank you for your comment.
The British Psychological Society	Section 1	9	The Society supports the advice to take account of people's overall circumstances when discussing outcomes of assessment. Additional factors such as caring responsibilities and financial constraints may impact on likelihood that people will feel able to increase their physical activity levels. For instance fear of being out after dark was a significant disincentive for exercise in people over 55 in a recent study. See Hardy, S & Grogan, S. (2009). Preventing disability through exercise; Investigating Older Adults' Influences and Motivations to	Thank you for your comment.

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			Engage in Physical Activity. Journal of Health Psychology, 14, 1036-1046.	
The British Psychological Society	Section 1	10	The Society believes that focusing on positive impacts of exercise on body image may also motivate people to start and maintain exercising. Meta-analyses of impacts of exercise interventions have reliably found improvements in body image as a result of exercise irrespective of objective changes in weight and shape. See Burgess, G., Grogan, S. & Burwitz, L. (2006). Effects of a 6-week aerobic dance intervention on body image and physical self-perceptions in adolescent girls, Body Image, 3, 57-67.	Thank you for comments and reference. The reference has been checked and would have been excluded from the systematic review as it is not within the scope of this work.
The British Psychological Society	Section 1 Section headed “Recommendation 2 Delivering brief advice	10	The Society believes that the 2006 guidelines were potentially confusing. The underlying message that 10 minute bouts of activity and that some activity is better than none was lost within the statement about what constituted moderate and or vigorous activity and how many days a week one should engage in this. The new guidelines make it simpler to stress the need for 10 minute bouts. However, the Society suggests that these guidelines might be expanded to reflect the latest research on how detrimental unbroken periods of sitting, is to health. Recently a number of prominent research groups have been demonstrating that sitting is a risk factor for all-cause mortality, independent of physical activity (van der Ploeg, Chey, Korda, Banks, & Bauman, 2011). It is therefore recommended that the updated guidelines incorporate the message that sitting characterizes everyday life, that it is a risk factor in and of itself and that periods of prolonged sitting should be broken up with a short walk and or stand where possible.	Thank you for comment and reference. The reference you provide did not meet the scope of the review. The final guidance includes more details about the CMOs recommendations. This includes reference to the reduction of sedentary activity.

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The British Psychological Society	Section 1 Section headed "Recommendation 3 Identifying motivational factors and tailoring brief advice	10-11 .	We are pleased to note that this recommendation is underpinned by the latest evidence based work on behaviour change. The Society believes that this recommendation is excellent, but is concerned that it is unlikely to be applied effectively. Many healthcare professionals have little training in what behaviour change techniques to use to promote physical activity. The Society feels that healthcare professionals would be able to recommend local facilities for increasing physical activity. However, we are not confident about them forming goals as whilst much research shows that goal setting is an effective way to promote physical activity (Darker et al., 2010; Sniehotta et al., 2006); this has yet to be demonstrated in primary care. Darker, C. D., French, D. P., Eves, F. F. And Sniehotta, F. F.(2010) 'An intervention to promote walking amongst the general population based on an 'extended' theory of planned behaviour: A waiting list randomised controlled trial', Psychology & Health, 25: 1, 71 — 88 Sniehotta, FF; Scholz, U; Schwarzer, R (2006) Action plans and coping plans for physical exercise: A longitudinal intervention study in cardiac rehabilitation - British Journal of Health Psychology, 11, 3-37	Thank you for your comment. The final guidance refers to other NICE guidance on behaviour change.. The references you outline were both excluded on the basis of not meeting the inclusion criteria (Darer et al 2010) and being outside the scope of this guidance (Sniehotta et al 2006).
The British Psychological Society		11	It is also recommended that walking and cycling are easy to incorporate into everyday life but there is also good evidence that swimming is a cost-effective and inclusive way to improve health (Sport England Active People Survey 2006) and thus the guidelines should be updated to include this activity. The updated advice should also stress that energy expenditure can come from engaging in everyday tasks such as household chores and other non-leisure activities (Good news, Bad news paper Ratzlaff, 2012). Ratzlaff, CR. (2012). Good news, bad news: sports matter but	Thank you for your comment. The list outlined in the recommendations is not meant to be an exhaustive list of all activities. The final guidance includes further information about activities and the CMOs recommendations. The references you have provided have been assessed and were excluded on the basis of not being intervention studies.

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			occupational and household activity really matter – sport and recreation unlikely to be a panacea for public health - British Journal of Sports Medicine. bjsports-2011-090800 (Editorial) Published Online First: 12 March 2012	
The British Psychological Society	Section 1	11	There is evidence that a negative body image can also be a reason why people avoid exercise, so may be another useful factor to take into account when tailoring advice. Many people are concerned about exposing their bodies in sport/exercise clothing. See Pridgeon, L. & Grogan, S. (2012). Understanding exercise adherence and dropout: An interpretative phenomenological analysis of men and women's accounts of gym attendance and non- attendance. Qualitative Research in Sport, Exercise and Health, 4, 382-399. Others may have concerns about their appearance (i.e. looking hot and sweaty) even after moderate exercise such as stair climbing instead of taking the lift. These issues need to be tacked along with health-related advice to ensure that people feel able to change their behaviour.	Thank you for your comments. The reference you outlined has been assessed and has been excluded as it did not meet the inclusion criteria.
The British Psychological Society	Section 1 Recommend ation 4	11	The Society welcomes this recommendation, although we suggest that other agencies might be able to carry out the follow up instead of, or in addition to, General Practitioners. Whilst we acknowledge that there is separate guidance on exercise referral schemes that is currently being updated, The Society would encourage that the recommendation is amended to ask individuals to make appointments with local social enterprises, and/or charities, whose function is promote physical activity. For example, in Birmingham, individuals could be signposted to the Health Exchange, a social enterprise aimed at improving community health, where they will be able to talk to staff that are trained in promoting behaviour change.	Thank you for your comment. The guidance is aimed at primary care practitioners and those who work in the primary care whose remit includes offering lifestyle advice. Those organisation located in the 3rd sector are not excluded from delivery of this guidance if they are interacting with primary care or are recognised as working in the primary care setting. The guidance does not preclude those asked to take action from sign posting individuals to physical activity opportunities that occur in the 3rd sector if they have been

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				identified as a suitable and appropriate physical activity opportunity for that particular individual.
The British Psychological Society	Section 1 Section headed "Recommen dation 4 Recording outcomes and following up brief advice	11 - 12	This recommendation outlines plans for a follow-up that is to be based around discussion of progress towards goals. A helpful addition to this could be discussion about if and how barriers to physical activity were overcome. For those who found it difficult to overcome barriers and/or failed to follow through on strong exercise intentions a discussion based around how to formulate exercise action and coping plans would be useful. Helping people develop implementation intentions and coping plans for overcoming barriers to physical activity have been shown to be successful (Hagger, 2010; Sniehotta, Schwarzer, Scholz, & Schuz, 2005) Haggar, MS. (2010). Theoretical integration in health psychology: Unifying ideas and complementary explanations - British Journal of Health Psychology – 14, 2, 189-194. Sniehotta, F.F., Schwarzer, R., Scholz, U., & Schuz, B. (2005). Action planning and coping planning for long-term lifestyle change: Theory and assessment. European Journal of Social Psychology, 35, 565_576.	Thank you for your comment. The guidance has been amended to reflect your comment. The references you outlined have been reviewed and were excluded due to being beyond the scope of the guidance (Hagger et al 2010) and brief advice dealing with a specific condition (Sniehotta et al 2005)
The British Psychological Society	Section 1 Recommend ation 6: Improving practitioners' knowledge	13	The Society in particular welcomes Recommendation 6, as a much needed addition to the guidelines. Health care professionals may lack appropriate background skills and knowledge in exercise and its promotion and would thus require top-up training to keep abreast of best practice in this area. Moreover, the fundamental education of those who will be most likely to be at the forefront of primary care also needs to be considered. Thus courses at undergraduate and postgraduate level should include such information.	Thank you for your comments.
The British	Section 1	13	The Society believes that an awareness of the fact that for many people	Thank you for your comment. Understanding

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Psychological Society			appearance-related factors may be stronger motivators to undertake moderate exercise than improvements in health needs to be added to the list of things that GPs need to know. See Grogan, S. & Masterson, D. (2012). Using appearance concerns to promote health. In N. Rumsey & D. Harcourt (eds). Oxford Handbook of Appearance Psychology. Oxford: Oxford University Press.	of motivational factors and behaviour change are outlined in the recommendations. This would include an understanding that people may be motivated by their physical appearance. The reference provided has been assessed and excluded on the basis that it is outside the scope of this guidance.
The British Psychological Society	Section 1 Recommend ation 6	13	This is section is welcomed. However, The Society recommends reordering the text to give greater emphasis to the importance of the delivery of brief advice is	Thank you for your comment. Recommendations have been changed in light of committee deliberation and stakeholder comments
Tommy's the baby charity	general	Page 19	Although not a chronic condition, pregnancy provides a unique opportunity to discuss physical activity, its benefits and recommendations. Midwives are key practitioners within primary care for delivering this information and may require training and information for their target group. Antenatal care provides another opportunity for brief advice on physical activity for women, especially those at higher risk of being inactive i.e. those with a high BMI, from certain BME groups, or within areas of high deprivation.	Thank you for your comment. The final guidance includes midwives as an example of a range of professionals who have a role to play in delivering brief advice. Please note that NICE has published guidance regarding weight management before, during and after pregnancy.
Tommy's the baby charity	Who is this guidance for?	Page 2	We suggest midwives are also included within this grouping as physical activity discussions within pregnancy should be part of the general wellbeing conversation with pregnant women.	Thank you for your comment. The final guidance includes midwives as one example of the professionals who can play a role.
Tommy's the baby charity		Page 8	Include midwives here too. The PA recs for pregnant women are the same as for the general population regarding frequency (5 times per week) and length (30 mins). The antenatal appointment is also a prime opportunity to ask women about their physical activity and to discuss the benefits of keeping active during pregnancy. Pregnancy is sometimes the one time in a woman's life that she will	Thank you for your comment. Midwives have been included as an example of primary care professional.

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			routinely see a health professional. This opportunity should not be missed to highlight the benefits of physical activity.	
Tommy's the baby charity		Page 9	As above – ref to midwives. Recommendation 2 is the same for pregnant women.	Please see our previous response.
Tommy's the baby charity		Page 10	As above – ref to midwives. Recommendation 3 has the same relevance for pregnant women. Reference to services should include appropriate local antenatal exercise opportunities. Pregnancy can be a motivating factor in taking up positive health behaviours.	Thank you for your comment. Please see our previous comment. Pregnant women and service pertaining to pregnancy would all be included in this guidance where these involved primary care practitioners or were located in a primary care. There is published NICE guidance regarding physical activity pre, during and post pregnancy. Links are made to this guidance in section 5.
Tommy's the baby charity		Page 11	As well as Sport England, UK active have a facility called SPOGO for accessing information and booking into local activity providers.	Thank you for your comment. We have removed reference to Active places and now refer to local opportunities more generically. This has been reinforced with reference to provision of information and appropriate training regarding physical activity opportunities.
Tommy's the baby charity		Page 12	Recommendation 5 – commissioners should look at a wide range of activity options for inclusion in care pathways. This should not exclude antenatal provision for pregnant women, and indeed pregnant women, who are already at risk of low activity levels, such those with a BMI over 30kg/m^2, and those from BME groups, should be catered for.	Thank you for your comment. Midwives have been added as an example of primary care practitioners and although pregnant women are not explicitly mentioned they are implicitly included.
Tommy's the baby charity	Section 7	Page 24	Although other NICE guidance may refer to activity during pregnancy, it should be remembered that weight management is not the only reason	Thank you for your comments

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			for discussing reasons to be active during pregnancy and beyond. The general advice to pregnant women about physical activity is in line with that given to the general population and should be used as another opportunity to provide brief advice, or at least conduct research into if this is effective.	
Transport and Health Study Group	General		This response is sent on behalf of the Transport and Health Study Group (THSG). The Transport and Health Study Group is a scientific society of health professionals and transport professionals interested in the relationship between health and transport and formed to study that relationship and to promote consequential policies. We were formed over 20 years ago as a UK body. In the last 2 years we have begun to expand internationally and we now have a European Committee alongside our UK-based Executive Committee. We are currently, so far as we are aware, the only society of our kind, i.e. the only public health society formed to study the health implications of the work of another discipline and constituted on an interdisciplinary basis involving both health and the partner discipline. We are aware however that in June a similar organisation is to be launched in the field of spatial planning.	Thank you and we welcome the Transport and Health Study Group's contribution.
Transport and Health Study Group	General		Our response is in line with the evidence in: Mindell JS, Watkins SJ, Cohen JM (Eds). *Health on the Move 2. Policies for health promoting transport.* Stockport: Transport and Health Study Group, 2011. ISBN 978-1-61364-769-1 www.transportandhealth.org.uk	Thank you for the reference.
Transport and Health Study Group	General		Our response is also informed by a survey of General Practitioners (GPs); that work is currently being prepared for submission to a peer-reviewed journal, the *Journal of the Royal College of General*	Thank you.

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			Practitioners (JRCGP).	
Transport and Health Study Group	General, 1		We supply a list of suitable sites that can be used in routine practice in primary care to demonstrate to routine contacts how other people have succeeded in solving their fitness problems. The stories have been haphazardly collected only as success stories; mention of active transport was not a condition for inclusion. Nevertheless all of the success stories found do mention active transport as, at least, a main ingredient in their success. http://theamazing39stonecyclist.wordpress.com/pictures/ http://gearjunkie.com/large-fella-on-a-bike www.discovercyclingtowork.com/community/blog/1/28/time-to-change-the-blog-title! http://news.bbc.co.uk/1/hi/england/hampshire/8572254.stm www.mirror.co.uk/news/real-life-stories/i-was-so-ashamed-about-lying-to-my-doctor-that-i-lost-7-1516703 For older people: www.guardian.co.uk/lifeandstyle/2011/apr/02/i-am-a-90-year-old-bodybuilder and www.facebook.com/pages/Dr-Charles-Eugster/197845626894568?sk=app_2309869772	Thank you for these examples.
Transport and Health Study Group	1,1, 3.11, 5.5, 5.6, 4.2	8,9, 20, 24, 24, 43	There is no evidence that the proposals to use the GPPAQ are in any way superior to a far more acceptable alternative, namely using the social skills of primary care workers to identify people likely to benefit from brief advice. Routine use of the GPPAQ is not acceptable to most GPs, even with QOF points as an incentive. No GPs could recall anything of the contents of previous guidance on this subject, and it had	Thank you for your comment. This guidance gives GPPAQ as an example of a validated tool that could be used to assess physical activity levels. The guidance recommends against relying on visual cues to identify inactive adults.

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			not changed practice at all(Anglesey GPs, paper to be submitted to the JRCGP, in preparation). We note the call for "micro interventions" of less than 1-2 minutes. GPs can offer such approaches, folding together identification and advice using personal narratives of success.	
Transport and Health Study Group	3.3, 5.5, Appendix C	18, 24, 43	GPs will accept a recommendation to identify in the ordinary course of consultation people who would benefit from better physical fitness, and to encourage them to take more exercise (Anglesey GPs, paper to be submitted to the JRCGP, in preparation). Active transport is likely to be a large part of any such solution.	Thank you for your comment.
Transport and Health Study Group	3.7	19	The guidance makes only minimal mention of active transport as a contribution to health, one that primary care workers can easily promote on both an individual and community basis. We suggest mention of safe travel infrastructure as an essential precondition for an effect of advice visible at the population level. Safe infrastructure for active transport is also required if this guidance hopes to be effective in addressing social inequalities and areas of high deprivation.	Thank you for your comment. This guidance focuses on the delivery of brief advice in primary care. The guidance gives examples of physical activity opportunities and recognises active transport as an option via the referencing of the recently published NICE guidance on walking and cycling PH 41. NICE acknowledges that the recommendations on brief advice for physical activity have been made in the "context of other national and local strategies and interventions to increase or maintain physical activity levels in the population".
Transport and Health Study Group	3.11, 5.4	20, 23	There is excellent (nonrandomized) evidence that good infrastructure for active transport leads to more active transport and fewer health problems due to inactivity. Primary health care workers and commissioners of health services should press local authorities to provide safe and welcoming infrastructure for active transport.	Thank you for your comments.
Transport and Health	Appendix C	20	The existing guidance and the draft are based on trial evidence for tiny	Thank you for your comment. NICE guidance

Public Health Guidance

Physical activity: brief advice in primary care draft guidance
Stakeholder Comments Table

21st November 2012 – 23rd January 2013

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Study Group	The Evidence, Evidence statement PA1, 3.12		effects of onerous advice. It is not clear that the cost-effectiveness calculations take the full cost implications, especially for primary care workers and managers, of formalized use of the GPPAQ, the UK physical activity guidelines, recording requirements, etc. into account. We also note that the trial evidence of "effectiveness" of brief advice is based on self-reported, short-term data, not on objective measures of better long-term health. As a basis for conclusions about long-term effectiveness in improving health, this appears to be of very limited validity. We cannot agree with its description as "moderate" evidence; it is "weak" at best.	is based on the best available evidence of effectiveness and cost effectiveness and committee deliberation. PHIAC noted that brief advice has a modest, but consistent, effect on physical activity levels. It also noted that the impact of brief advice on physical activity should ideally be measured objectively as well as using self-reporting.
UK National Screening Committee	General		I think you are straying into screening territory here. Asking all attendees in primary care a question about physical activity with the intention of finding people at risk and then intervening sounds like a screening programme. We recently looked at the use of GPPAQ as part of a screening programme for all adults (following a referral from NICE QOF) and came to the conclusion that for a variety of reasons does not meet the criteria. Not least of which the questionnaire isn't validated and the evidence that morbidity and mortality reduced as a result of suing it isn't available. I attach the review below.	Thank you for your comment and we welcome the UK National Screening Committee contribution. The opportunistic nature of the intervention distinguishes it from screening.
University of Exeter	General comment		I was sometimes left wondering what is 'brief advice'. How many session are required before the dose of intervention becomes something more than brief advice. Related to this I wonder if the multiple sessions of support provided in the TREAD intervention (see Chalder, M., Wiles, N.J., Campbell, J. Hollinghurst, S.P., Haase, A.M., Taylor, A.H., et al. (2012). Facilitated physical activity as a treatment for depressed adults: randomised controlled trial. BMJ, Jun 6;344:e2758.) would count as brief advice. In this study, the support	Thank you and we welcome University of Exeter's comments. The evidence review states that ***interventions were classed as 'brief' if they were less than 30 minutes in duration, or delivered in one session (allowing for research follow up only as additional contact) thus allowing some flexibility with respect to the criteria set***

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			of a physical activity facilitator over 10 months led to no greater reduction in depression compared with usual care, although it did lead to more physical activity than usual care at 12 months. It would seem highly unlikely that a few words of a brief advice by a GP would translate into enough of an increase in physical activity to impact on depression, compared with usual care. Although evidence does point to exercise v nothing being useful for reducing depression when it comes to improving usual care then that does seem challenging.	***out in the Scope which defined brief advice as "from less than a minute to up to 20 minutes".***
University of Exeter	2 Public Health need and practice	15	While I welcome the inclusion of frequent references to the benefits of physical activity on mental as well as physical health, there is scope for greater care in the text. On p15 a mix of individual studies (including prospective cohort studies) and meta analyses (of RCTs) are referred to. Lawlor & Hopker has been superseded by Rimer J, Dwan K, Lawlor DA, Greig CA, McMurdo M, Morley W, Mead GE. (2012).Exercise for depression. Cochrane Database Syst Rev 11;7:CD004366, and there are other studies more recent that Laurin (2001). You may want to see Taylor, A. H. & Faulkner, G. (2008). Inaugural editorial. Mental Health & Physical Activity, 1 (1), 1-8. For a summary of evidence across a wide range of mental health conditions.	Thank you for your comment and up to date references. This section of the guidance has been amended.

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